

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

011691583

6/21/04

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
13			1			
14						
15			1			
16				1		
17				1		
18				1		
19				1		
20				1		
21					3	
22				1		
23				1		
24				1		
25				1		
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.					6	
TOTAL					16	

TOTAL
IND.

1

1

1

**TOTA
IND.**

1

1

4